

AMENDED IN SENATE AUGUST 23, 2000
AMENDED IN SENATE AUGUST 10, 2000
AMENDED IN SENATE AUGUST 7, 2000
AMENDED IN SENATE JUNE 27, 2000
AMENDED IN SENATE JUNE 14, 2000
AMENDED IN ASSEMBLY MAY 11, 2000
AMENDED IN ASSEMBLY MAY 2, 2000
AMENDED IN ASSEMBLY MARCH 23, 2000

CALIFORNIA LEGISLATURE—1999–2000 REGULAR SESSION

ASSEMBLY BILL

No. 1820

Introduced by Assembly Member Wright
(Principal coauthors: Assembly Members Alquist and Shelley)

(Coauthors: Assembly Members Davis, Firebaugh, Jackson, Longville, Machado, Mazzoni, Strom-Martin, Washington, Wayne, Wildman, and Zettel)

(Coauthors: Senators Alarcon, Alpert, Chesbro, Escutia, Hughes, McPherson, Murray, Soto, Speier, and Vasconcellos)

February 3, 2000

An act to amend Sections 2183 and 2191.2 of, to add Sections 2190.2 and 2190.3 to, and to repeal Section 2179.5 of, the Business and Professions Code, and to amend Sections 105105 and 105120 of, and to add Sections 105101 and 105112 to, to

repeal Section 105135 of, and to repeal and add Section 105100 of, the Health and Safety Code, relating to geriatric medicine.

LEGISLATIVE COUNSEL'S DIGEST

AB 1820, as amended, R. Wright. Geriatric medicine.

Existing law requires adequate instruction in certain specified subjects, including geriatric medicine, as required curriculum for medical students applying for a physician's and surgeon's certificate.

This bill would enact the "Geriatric Training Act of 2000." It would provide that the University of California should develop and implement a geriatric medicine *program and* curriculum for its medical schools, as soon as possible, but no later than September 1, 2003. The bill would request that the Regents of the University of California first submit a progress report to the Legislature no later than March 30, 2003, followed by a report on the status of the implementation of the geriatric medicine *program and* curriculum at each campus to the Legislature no later than March 30, 2004. Subsequently, the bill would request that the regents submit a report every 5 years, commencing no later than June 30, 2005, describing progress in geriatric training and related initiatives at each campus. *This bill would express the intent of the Legislature that the professors occupying endowed chairs in geriatric medicine at the University of California that were funded in the 2000–01 Budget Act provide leadership in developing and implementing the expanded geriatric programs and curriculum, and that the one-time funds provided to the Academic Geriatric Resource Program in the 2000–01 Budget Act also be used to implement the provisions of this bill.* The bill would make related changes and specify certain legislative findings and declarations.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. This act shall be known as, and may be
2 cited as, the Geriatric Medical Training Act of 2000.



1 SEC. 2. Section 2179.5 of the Business and Professions
2 Code is repealed.

3 SEC. 3. Section 2183 of the Business and Professions
4 Code is amended to read:

5 2183. An applicant for a physician's and surgeon's
6 certificate shall pass the national examination for medical
7 licensure in biomedical sciences and clinical sciences,
8 including geriatric medicine, determined by the Division
9 of Licensing to be essential for the unsupervised practice
10 of medicine.

11 An applicant who applies for a physician's and
12 surgeon's certificate on or after January 1, 2004, shall have
13 completed coursework in geriatric medicine in medical
14 school or in postgraduate medical education training.

15 SEC. 4. Section 2190.2 is added to the Business and
16 Professions Code, to read:

17 2190.2. The Division of Licensing shall establish
18 criteria that providers of continuing medical education
19 shall follow to ensure attendance by licensees throughout
20 the entire course.

21 SEC. 5. Section 2190.3 is added to the Business and
22 Professions Code, to read:

23 2190.3. All general internists and family physicians
24 who have a patient population of which over 25 percent
25 are 65 years of age or older shall complete at least 20
26 percent of all mandatory continuing education hours in
27 a course in the field of geriatric medicine or the care of
28 older patients.

29 SEC. 6. Section 2191.2 of the Business and Professions
30 Code is amended to read:

31 2191.2. The division shall encourage every physician
32 and surgeon to take a course in geriatric medicine,
33 including geriatric pharmacology, as part of his or her
34 continuing education.

35 SEC. 7. Section 105100 of the Health and Safety Code
36 is repealed.

37 SEC. 8. Section 105100 is added to the Health and
38 Safety Code, to read:

39 105100. The Legislature finds and declares all of the
40 following:

1 (a) In 1998, there were about 3.57 million Californians
2 age 65 and older, a 15 percent increase since 1990. This
3 number will at least increase to five million in 2010 and
4 grow to seven million by 2020, with those persons over age
5 85 representing the fastest growing segment of the
6 population.

7 (b) By 2020, the numbers of Hispanic, African
8 American, and other minority older persons will more
9 than quadruple to an estimated total of at least 2.8 million.

10 (c) The age group over 75 has the highest rate of
11 health care utilization of all groups.

12 (d) The higher prevalence of chronic conditions in
13 those age 65 and older results in greater use of physician
14 services. On average, they visit a physician nine times a
15 year compared to five visits by the general population.
16 They are hospitalized over three times as often as the
17 younger population, stay 50 percent longer, and use twice
18 as many prescription drugs.

19 (e) The knowledge and skill base in geriatrics, which
20 is essential to the provision of medical care to older
21 patients, has not been adequately integrated into the
22 training of today's doctors and other health care
23 professionals.

24 (f) If resources are not invested now for better
25 training in geriatrics, there will be an inadequate supply
26 of doctors properly trained to treat older patients by 2010.

27 (g) The Academic Geriatric Resource Program was
28 established in 1984 as a mechanism for developing within
29 the University of California new educational initiatives in
30 geriatrics, gerontology, and other disciplines relating to
31 aging. The program originally was funded at one million
32 dollars (\$1,000,000). Funding has not kept pace with
33 inflation or need. The program in 1999 was funded at one
34 million one hundred thousand dollars (\$1,100,000).

35 (h) The Association of American Medical Colleges
36 acknowledged the problem of inadequate medical
37 education in geriatrics in December 1999 by launching a
38 new program to enhance the gerontology and geriatric
39 curricula at United States medical schools. The
40 association recognized that geriatrics should "be

1 represented in a more coherent and comprehensive
2 manner in the curricula of all U.S. medical schools.”

3 SEC. 9. Section 105101 is added to the Health and
4 Safety Code, to read:

5 105101. It is the intent of the Legislature that the
6 University of California provide academic courses and
7 training in the field of geriatrics for medical students and
8 existing general internists and family physicians in order
9 to ensure that every general internist and family
10 physician, along with other professions, have the requisite
11 knowledge and skills to competently treat the older
12 population by the year 2010 when the baby boomer
13 generation begins to retire.

14 SEC. 10. Section 105105 of the Health and Safety Code
15 is amended to read:

16 105105. It is the purpose of the Legislature, in
17 enacting this chapter, for the University of California to
18 establish academic geriatric resource programs and
19 encourage the development of expanded educational
20 and community service programs in geriatric medicine at
21 its medical schools or other health science campuses. A
22 multidisciplinary approach shall be utilized in the
23 development of these programs. The programs shall
24 include, but not be limited to, one or more of the
25 following elements:

26 (a) Preclinical, clinical, or postgraduate educational
27 programs in geriatrics for health science students to
28 instruct and train them in recognizing and responding to
29 the needs and dynamics of the health care of older
30 patients.

31 (b) Provision of continuing education in geriatrics for
32 health care providers and the general public.

33 (c) A teaching nursing home program to research
34 nursing home health care practices and to instruct and
35 train health science students about geriatric care.

36 (d) Development and evaluation of the best practices
37 for the health care of older persons.

38 (e) Development and evaluation of interdisciplinary
39 models of geriatric training.

1 (f) Development and evaluation of innovative health
2 care delivery sites and programs for older persons.

3 SEC. 11. Section 105120 of the Health and Safety Code
4 is amended to read:

5 105120. The Legislature requests that, on March 30,
6 2001, and biennially thereafter, the Regents of the
7 University of California submit a progress report to the
8 Legislature, including copies to the members of the
9 Assembly Committee on Aging and Long-Term Care, the
10 members of the Senate Health and Human Services
11 Subcommittee on Aging and Long-Term Care, and the
12 Chairpersons of the Assembly Committee on Budget and
13 the Senate Committee on Budget and Fiscal Review,
14 regarding the grant programs established pursuant to this
15 chapter. The report should include, but not be limited to,
16 all of the following elements:

17 (a) A description of the progress made in
18 implementing and maintaining the programs.

19 (b) The number of academic geriatric resource
20 programs established.

21 (c) The characteristics and costs of the programs.

22 (d) A summary of the progress towards developing
23 and implementing educational and community service
24 programs in geriatric medicine at each campus.

25 (e) An evaluation of the program's effectiveness at
26 each campus, including identification of problems and
27 limitations, and strategies to overcome them.

28 The report should separately delineate the information
29 required pursuant to this section with respect to each
30 medical or health science campus that receives funding
31 under a grant program established pursuant to this
32 chapter.

33 SEC. 12. Section 105112 is added to the Health and
34 Safety Code, to read:

35 105112. (a) It is the intent of the Legislature that
36 University of California medical students complete a
37 definable curriculum in geriatric medicine over the
38 course of their medical school training to meet
39 recommended core competencies for the care of older
40 persons. It is the intent of the Legislature that this

1 curriculum instill the attitudes, knowledge, and skills that
2 physicians need to provide competent and
3 compassionate care for older persons, including both
4 didactic and clinical experiences encompassing the
5 spectrum of health status of older persons and
6 community-based sites for clinical training.

7 (b) It is the intent of the Legislature that University of
8 California medical residents in internal medicine, family
9 practice, and psychiatry complete a definable curriculum
10 in geriatric medicine over the course of their residency
11 training. It is the intent of the Legislature that this
12 curriculum instill the attitudes, knowledge, and skills that
13 physicians practicing these specialties need to provide
14 competent and compassionate care for older persons.
15 This curriculum should encompass the spectrum of
16 health status of older persons and include
17 community-based sites for clinical training.

18 (c) It is the intent of the Legislature that ~~each the~~
19 University of California ~~school of medicine be separately~~
20 *be* responsible for developing, implementing,
21 maintaining, and evaluating the geriatric medicine
22 *content needed in the* curriculum. The curriculum shall
23 take into consideration the recommendations of the
24 Institute of Medicine of the National Academy of
25 Sciences, the American Geriatric Society, and other
26 nationally recognized medical organizations. The
27 expanded geriatric medicine *program and* curriculum
28 should be developed and implemented at each
29 University of California school of medicine as soon as
30 possible, but no later than September 1, 2003.

31 (d) The Legislature requests that, no later than March
32 30, 2003, the Regents of the University of California
33 submit a progress report on the status of the
34 implementation of a definable curriculum in geriatric
35 medicine at each campus in accordance with this act.

36 (e) The Legislature requests that, no later than March
37 30, 2004, the Regents of the University of California
38 submit a report on the status of the implementation of a
39 definable curriculum in geriatric medicine at each
40 campus. The report should include the total number of

1 hours of geriatric instruction to be given at each school of
2 medicine and the number of weeks of that instruction or
3 experience provided at each medical school. This report
4 should be written by a committee that is specifically
5 charged with reporting on the status of the
6 implementation of this section. The majority of
7 committee members should be national experts in the
8 geriatric field who are not University of California
9 employees.

10 (f) The Legislature requests that every 5 years,
11 commencing no later than June 30, 2005, the Regents of
12 the University of California submit a report describing
13 progress in geriatrics training and related initiatives at
14 each campus in accordance with the act. This report
15 should be written by a committee that is specifically
16 charged with evaluating this progress. The majority of
17 committee members should be national experts in the
18 geriatric field who are not University of California
19 employees.

20 (g) Copies of the reports requested in subdivisions
21 (d), (e), and (f) are to be submitted to the members of
22 the Assembly Committee on Aging and Long-Term Care,
23 the members of the Senate Health and Human Services
24 Subcommittee on Aging and Long-Term Care, and the
25 Chairpersons of the Assembly Committee on Budget and
26 the Senate Committee on Budget and Fiscal Review.

27 *(h) It is the intent of the Legislature that the*
28 *professors occupying the University of California*
29 *endowed chairs in geriatric medicine funded in the*
30 *2000–01 Budget Act provide leadership in developing and*
31 *implementing the expanded geriatric medicine*
32 *programs and curriculum at the University of California,*
33 *and that one-time funds provided to the Academic*
34 *Geriatric Resource Program in the 2000–01 Budget Act*
35 *also be used to expand geriatric medicine programs and*
36 *curriculum at the University to implement subdivisions*
37 *(a) and (b) of Section 105112 of the Health and Safety*
38 *Code.*

1 SEC. 13. Section 105135 of the Health and Safety Code
2 is repealed.

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